Exhibit L

FD-1023

FEDERAL BUREAU OF INVESTIGATION

CHS REPORTING DOCUMENT



HEADER

Source ID:

Date: 06/27/2019

Case Agent Name: Field Office/Division:

New York

Squad:

SOURCE REPORTING

Date of Contact: 06/25/2019

List all present including yourself (do not include the CHS):

Type of Contact:

In Person

Country:

UNITED STATES

City:

New York

State:

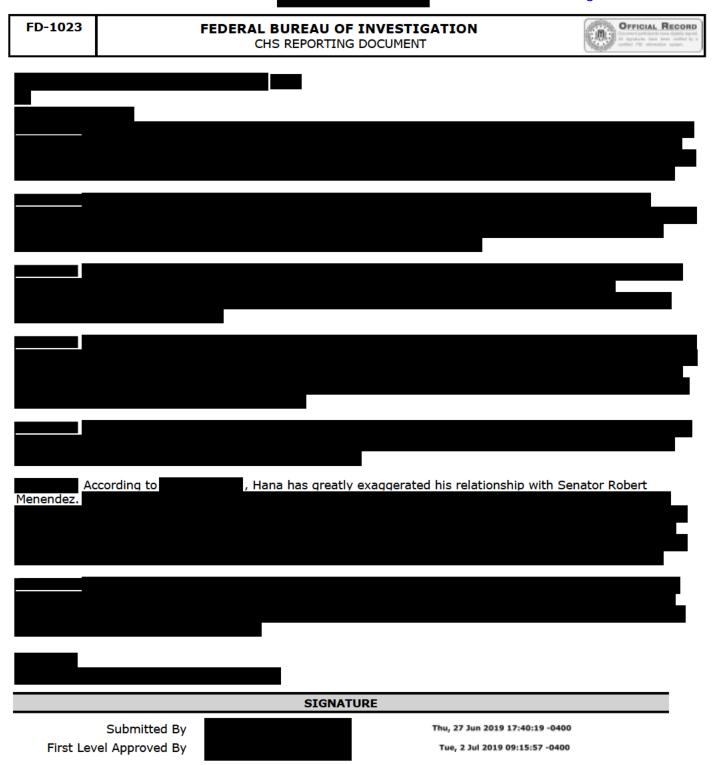
New York

Date of Report:

06/27/2019

Substantive Case File Number

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